

improved very much; the spleen was no longer palpable on the 13th of the month, and during the first week in February the temperature was normal and the patient began to walk about the room. From February 9th, however, without apparent cause, the patient's temperature began to rise and the condition became worse. By the 15th the child had become drowsy and dull and weak; the abdomen was distended; the spleen was palpable; there was delirium. During the next several days the diazo-reaction was present in the urine. The temperature, however, began to fall, and by February 21st was normal. During all this time the discharge in the healing of the wound had gone on satisfactorily. The discharge consisted of bile mixed at times with a little pus. On the 24th the discharge had stopped and the spleen was no longer palpable. By March 1st the patient was out of bed again.

From March 13th to the 17th the patient had a slight attack of pneumonia in the right lower lobe, from which, however, she recovered.

On March 26th the patient was well, up and about, and the wound entirely cicatrized.

The author believes that on the night between December 21st and 22d, when the patient had such severe abdominal pain and collapsed, the gall-bladder ruptured. He believes that the second attack of fever was a true relapse, though remarkably late in onset.

The patient's mother was ill at the same time with typhoid fever, dying in a relapse. He inclines to think that the lymphadenitis was an entirely separate affair, the complication of the two processes being wholly accidental.

Chronic Joint-disease in Children.—STILL (*Medico-Chirurgical Transactions*, 1897) published an interesting article on a form of chronic joint-disease in children which hitherto has not been generally recognized. While acknowledging that rheumatoid arthritis occasionally occurs in children, the writer believes that the disease which has most commonly been called rheumatoid arthritis in children differs both in its clinical aspect and in its morbid anatomy from the rheumatoid arthritis of adults. It presents differences sufficiently marked to suggest that it has a distinct pathology.

Still's article is based on a study of twenty-two cases, nineteen of which came under his personal observation.

The disease which Still studied is defined as a progressive enlargement of the joints, associated with general enlargement of the glands and enlargement of the spleen.

The onset is almost always before the second dentition; ten out of twelve cases began before the age of six years, and of these eight began within the first three years of life. The earliest was at fifteen months.

Girls are more commonly affected than boys. Seven of the twelve patients were girls; five were boys.

Onset is usually insidious. The child, if old enough, complains of stiffness in one or more joints, which slowly become enlarged, and subsequently other joints become affected. Occasionally the onset is acute, with pyrexia, and, it may be, with rigors.

The enlargement of the joints feels and looks more like general thickening of the tissues round the joint than a bony enlargement, and is correspondingly smooth and fusiform, with none of the bony irregularity of the rheu-

matoid arthritis of adults. There is an absence of osteophytic growth and of bony lipping, even after the disease has existed for years.

There is never any bony grating, although creaking, probably either of tendon or of cartilage, is frequently present. There is no redness or tenderness of the joints, except in very acute cases. Pain is generally absent, but it may be present in a slight degree, especially on movement. Limitation of movement, chiefly of extension, is almost always present. The child may be completely bedridden, owing to more or less rigid flexion of the joints.

The most common deformities of the hand consist of flexion of the wrist, with slight deviation of the hand to the ulnar side, and slight flexion of the proximal combined sometimes with slight flexion of the distal interphalangeal joint. The fingers may deviate very slightly to the radial side, but more often the deviation is at the proximal interphalangeal joint, and may be to either side. Deviations in both directions may be seen in the same hand.

The joints earliest affected were usually the knees, wrists, and those of the cervical spine, the subsequent order of affection being ankles, elbows, and fingers. The sterno-clavicular joint was affected in two out of twelve cases; the temporo-maxillary in three. The affection is symmetrical. There is no tendency to suppuration or bony ankylosis. The muscles moving the involved joints show early and marked wasting.

The electrical reactions showed nothing beyond a brisk response to the faradic and galvanic current in three cases.

The most distinct feature of the disease is the affection of the lymphatic glands. The enlargement is general, but involves primarily and chiefly those in relation to the involved joints. The glands are separate, rather hard than soft, not tender, and show no tendency to break down. They may become so large as to be visible, but more often do not become larger than a hazelnut. The enlargement seems to bear a definite relation to the progress of the disease in the joints. Slight affection of the glands is found very soon after the first symptoms of the joint affection, and as the latter increases the glands become larger. If the joint-affection subsides, the glands become smaller, increasing again in size if the joints become worse.

The glands most affected are the supra-trochlear, those along the brachial artery, and those in the axilla. In addition, those in Scarpa's triangle and deep in the iliac fossa along the iliac artery and those in the posterior cervical triangle are also involved. In one case the popliteal glands were enlarged, and in two cases there was evidence of enlargement of the mediastinal glands. Enlargement of the mesenteric glands was not made out, but in one autopsy the gland at the hilum of the spleen was enlarged.

The glandular enlargement may be said to be general and constant. It was present in all the twelve cases mentioned.

Splenic enlargement was also a striking feature. In nine of the twelve cases the edge was felt one or two fingers' breadths below the costal margin. The spleen was observed to increase or diminish according as the joints became worse or improved.

There was no evidence of organic heart-disease, although hæmic murmurs were present in some of the cases.

There were signs of adherent pericardium in two of the cases, and in three other cases adherent pericardium was found quite unexpectedly at autopsy.

Moderate anæmia was present in some of the cases, and in four out of the twelve moderate exophthalmos. Sweating was often profuse.

The temperature was of two varieties. One variety shows periods, generally lasting only a few days, of pyrexia followed by longer intervals of apyrexia; the other shows more or less continuous slight pyrexia.

There is a general arrest of development when the disease begins before the second dentition, the arrest being of bodily and not of mental development.

The course of the disease is slow. Improvement may occur for a time under treatment or spontaneously, but the disease soon progresses again until a condition of general joint-disease is reached, which seems to be permanently stationary. The disease is not in itself fatal.

The morbid anatomy of this disease was studied in three autopsies.

Still concludes from a study of these cases "that there is a disease occurring in children before the second dentition which is characterized clinically by elastic, fusiform enlargement of joints, without bony change, and also by enlargement of the gland and spleen."

The disease has hitherto been called rheumatoid arthritis, but it differs from that disease in adults clinically in the absence of bony change even when no disease is advanced, and in the enlargement of glands and spleen, and pathologically in the absence, even in advanced cases, of the cartilage changes which are found quite early in that disease, and also in the absence of osteophytic change.

These differences are not to be attributed merely to modification of the disease by difference of age, as there occurs also in children a disease in every respect identical with the rheumatoid arthritis of adults.

Under the head of rheumatoid arthritis in children at least three conditions have been confused, which are both clinically and pathologically distinct, namely: (1) The joint-disease described in the present paper; (2) a disease identical with rheumatoid arthritis of adults; (3) a disease probably identical with that described by Jaccoud as chronic fibrous rheumatism.

It is rather remarkable that the writer made no reference to tuberculous or syphilitic joint lesions and did not attempt to differentiate the disease he described from these affections.

Primary Carcinoma of the Pleura.—BENDA (*Deutsche medicin. Wochenschr.*, 1897, No. 21, S. 324) records a case of primary carcinoma of the pleura on which he performed an autopsy in September, 1895.

The patient, a workman, aged fifty-four years, was admitted to the hospital at Bethanien in December, 1894, ten months before death. For one year previous to admission he had complained of pain in the left side of the chest, and one month before admission the left pleural cavity was aspirated and three litres of fluid removed. A marked left-sided pleural exudate existed on entering the hospital. Patient was well-nourished, free from fever, urine free from albumin, and there were no special symptoms to arouse particular interest. The case was considered one of simple pleural exudate. Up to June, 1895, sixteen aspirations had been performed, large quantities of clear serous exudate, free from any formed elements, being removed on each occasion. The patient then left the hospital at Bethanien, and six